



The Inland Revenue Department uses the information provided, to process this form in accordance with the Income Tax Acts and subsidiary legislation. We may check information provided by you, or information about you provided by a third party, with other information held by us. We will not disclose information about you to anyone outside the Inland Revenue Department unless permitted by law. The Inland Revenue Department treats your personal information in accordance with the Data Protection Act 2001 (Cap 440) to protect your privacy. Any queries may be addressed to The Data Controller, Inland Revenue Department, Floriana, FRN 0170.

This form is to be completed in quadruplicate. The original is to be sent to the department of Inland Revenue with the FS7, two copies are to be given to the Payee and the other copy is to be retained by the Payer.

FS3 Final Settlement System (FSS) Payee Statement of Earnings

A Payee Information

For Year Ended 31 December **A1**

y	y	y	y

Surname			
First Name			
Address			
House /No.			
Street			
Locality			
Postcode			
Telephone Number			

Payee's ID Card/IT Reg. No.
A2

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Payee's Social Security No.
A3

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Spouse's ID Card/IT Reg. No.
A4

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B Period

B1 From

d	d	m	m	y	y	y	y

B2 To

d	d	m	m	y	y	y	y

C Gross Emoluments

		€		Breakdown of Fringe Benefits		€	
Gross Emoluments (FSS Main or FSS Other applies)	C1			Cat 1 C5			
Gross Emoluments (FSS Part-time method applies)	C2			Cat 2 C6			
Fringe Benefits ((Total of Boxes C5+C6+C7) - C8)	C3			Cat 3 C7			
Total Gross Emoluments Emoluments and Fringe Benefits	C4						
Non Taxable Car Cash Allowance (50% of Allowance up to a maximum of €1170) C8							

D Tax Deductions

	€
Tax Deductions (FSS Main or FSS Other applies)	D1
Tax Deductions (FSS Part-time method applies)	D2
Tax Arrears Deductions (as per amount on PCU2(A))	D3
Total Tax Deductions	D4

NB: If part-time tax is less than the relative rate the whole emoluments will be charged at normal rates.

E Social Security and Maternity Fund Information

Basic Weekly Wage				Social Security Contributions						Maternity Fund Contributions		Weeks without pay		
€	c	Number	Category	Payee		Payer		Total SSC		Payer		From	To	Number
				€	c	€	c	€	c	€	c			
Total														E1

F Payer Information

Business Name			
Business Address	House No		
	Street		
	Locality		
Postcode			
Telephone Number			
Principal's Full Name			
Principal's Position			
Principal's Signature			

Payer P.E. No.
F1

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Date
F2

d	d	m	m	y	y